

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 243288

**Entity Name:** TWIN OIL COMPANY

**Current Principal Place of Business:**

15300 NW 7TH AVENUE  
MIAMI, FL 33169

**Current Mailing Address:**

15300 NW 7TH AVENUE  
MIAMI, FL 33169 US

**FEI Number:** 59-0932728

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VOLANTE,GABRIEL  
15300 NW 7TH AVENUE  
MIAMI, FL 33169 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name DELGADO, JANNELYN  
Address 17320 NW 78 CT  
City-State-Zip: MIAMI FL 33015

Title DCEO  
Name VOLANTE,GABRIEL  
Address 4653 SAXON RD  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name GOLDBERG, MICHAEL  
Address 4732 SUNDANCE WAY  
City-State-Zip: DAVIE FL 33328

Title D  
Name GOLDBERG, DINA  
Address 4923 NW 110 WAY  
City-State-Zip: CORAL SPRINGS FL 33076

Title D  
Name BAKER, MARISA  
Address 7928 PALENCIA WAY  
City-State-Zip: DELRAY BEACH FL 33446

Title D  
Name VOLANTE, ROSA  
Address 4653 SAXON RD  
City-State-Zip: COCONUT CREEK FL 33073

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GABRIEL VOLANTE

**DCEO**

**02/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date